



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY
EDUCATION
DIVISION OF SPECIAL EDUCATION
READERS FOR THE BLIND PROGRAM

NOTE:

TO BE USED FOR STUDENTS IN PUBLIC SCHOOL DISTRICTS, INCLUDING THOSE IN SPECIAL SCHOOL DISTRICTS OR THOSE STUDENTS ATTENDING MISSOURI COLLEGES, UNIVERSITIES, TECHNICAL OR PROFESSIONAL SCHOOLS, WHO ARE NOT CLIENTS OF THE DIVISION OF VOCATIONAL REHABILITATION, OR DEPARTMENT OF SOCIAL SERVICES' REHABILITATION SERVICES FOR THE BLIND.

SCHOOL DISTRICT OR EDUCATIONAL INSTITUTION

COUNTY DISTRICT CODE

ADDRESS

CITY

STATE

ZIP CODE

CONTACT PERSON

TELEPHONE NUMBER

STUDENT NAME

PARENT OR GUARDIAN

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

I CERTIFY THE ABOVE INFORMATION IS CORRECT AND THE STUDENT NAMED IS NOT CAPABLE OF READING PRINTED MATERIAL DUE TO LACK OF VISION

SIGNATURE, DISTRICT SUPT. OR DESIGNEE

DATE

A COPY OF THE MOST RECENT VISION REPORT MUST BE ATTACHED THE FIRST YEAR THIS FORM IS SUBMITTED FOR A STUDENT, SUBSEQUENT SUBMITTALS OF THIS FORM WILL REQUIRE A COPY OF A CURRENT EYE REPORT (3 YEARS OR LESS) ONLY IF REQUESTED FROM THE DEPARTMENT OF SOCIAL SERVICES, REHABILITATION SERVICES FOR THE BLIND.